ACTIVITY/MECHANISM BUDGET SUMMARY
Department of Health and Human Services
Indian Health Service - 75-0390-0-1-551
URBAN HEALTH PROGRAMS

Program Authorization:

Program authorized by Title V, P.L. 94-437, Indian Health Care Improvement Act, as amended.

	2000 Actual	2001 Appropriation	2002 Estimate	2002 Est. +/- 2000 Actual	2002 Est. +/- 2001 Approp.
Budget Authority, Less Project..	$27,813,000	$28,843,000	$29,947,000	+$2,134,000	+$1,104,000
Total FY 2001 One-Time Project (SIPI)	0	1,000,000	0	0	-1,000,000
Total Budget Authority.....	$27,813,000	$29,843,000	$29,947,000	+$2,134,000	+$104,000
(HIV/AIDS	($773,000)	($820,000)	($851,000)	(+$78,000)	(+$31,000)
FTE.....	5	5	5	0	0
Program Output Data:					
Services Provided:					
Medical.....	263,000	265,000	265,000	+2,000	0
Dental.....	54,000	69,000	54,000	0	-15,000
Outreach/Comm Services...	219,000	221,000	221,000	+2,000	0
Other.....	185,000	186,000	186,000	+1,000	0
Total.....	721,000	741,000	726,000	+5,000	-15,000

PURPOSE AND METHOD OF OPERATION

The 1990 census indicated that 739,108 or 37.7 percent of the total U.S. Indian population lived in Indian areas, and that 1,220,126 or 62.3 percent lived in non-Indian areas. Indian areas include reservations, off-reservation trust lands, Alaska Native Regional Corporations, Alaska Native Village statistical areas.

It should be noted that about 36 percent of the IHS service area population resides in non-Indian areas, since the IHS service area includes the "on or near" reservation counties that comprise the contract health service delivery areas.

The IHS Urban Indian Health Program supports contracts and grants to 34 urban health programs funded under Title V of the Indian Health Care Improvement Act. Approximately 332,000 American Indians use Title V Urban Indian health programs and are not able to access hospitals, health clinics, or contract health services administered by the IHS and tribal health programs because they either do not meet IHS eligibility criteria

or reside outside of IHS and tribal service areas. The projected $104,000 will not allow the program fully offset inflation costs and therefore patient care services will not increase.

Studies on the urban AI/AN population documented poor health and revealed limited health care options for most families. Since 1972, the IHS has gradually increased its support for health related activities in off-reservation settings aimed at assisting AI/AN populations to gain access to available health services, and also to develop direct health services when necessary.

In the 1992 amendments to the Indian Health Care Improvement Act, the Congress specifically declared the policy of the Nation "in fulfillment of its special responsibilities and legal obligations to the American Indian people to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to affect that policy." The IHS addresses this responsibility by funding 34 urban Indian health organizations operating at 41 sites located in cities throughout the United States. Primary care clinics and outreach programs provide culturally acceptable, accessible, affordable, accountable, and available health services to an underserved urban off-reservation population.

The 34 programs engage in a variety of activities, ranging from the provision of outreach and referral services to the delivery of comprehensive ambulatory health care. Services currently include medical services, dental services, community services, alcohol and drug abuse prevention, education and treatment, AIDS and sexually transmitted disease education and prevention services, mental health services, nutrition education and counseling services, pharmacy services, health education, optometry services, social services, and home health care. Fourteen of the programs are designated as Federally Qualified Health Centers (FQHC) and provide services to Indians and non-Indians.

Ambulatory medical care services are provided throughout the off-reservation Indian health programs, including: pre-and postnatal care; women's health; immunizations for both children and adults; pediatrics; chronic disease (geriatric health and diabetes) clinics; adult health; maintenance; acute medical care, infectious disease treatment and control (tuberculosis, sexually transmitted disease); and referral to specialized providers when needed.

Dental care services are provided by many programs, including direct patient care - preventive and restorative. Dental education and screening for both children and adults are provided in both the clinic and community settings. When needed, referrals are made to specialists for orthodontics, periodontics, selected restorative procedures, and oral surgery.

Community outreach services are provided throughout the urban (off-reservation) health programs, including: patient and community education; patient advocacy; outreach and referral; and transportation. The outreach worker serves an important function as a liaison between the off-reservation health program and the community, and works to make health services more available and accessible to those community members who need them.

Alcohol and substance abuse prevention, education, treatment, and rehabilitation services are provided through program and community based services. Included as prevention and education programs are as follows: community education conferences, seminars, and workshops targeting adolescents; identification of high-risk clients in the clinic and community; and appropriate referral for those at risk. Included in the treatment and rehabilitation programs are assessments for alcohol and drug abuse, appropriate intervention, outpatient and treatment programs, and aftercare and follow-up services.

Alcohol treatment services are provided at 10 off-reservation Indian sites originally funded by the National Institute of Alcohol Abuse and Alcoholism (NIAAA). Funds were transferred into the Urban Indian Health Program in FY 1993 to continue these Urban treatment centers under Title V of the Indian Health Care Improvement Act. The NIAAA programs, established within urban sites, are in the final stages of being transferred.

The AIDS and sexually transmitted disease (STD) information is provided at conferences, seminars, workshops, and community meetings at all of the IHS Title V funded off-reservation Indian health programs. These education and prevention services include culturally sensitive information provided to a variety of audiences through the use of posters, pamphlets, presentations, and community education. Additional AIDS services include HIV testing, pre and post-test counseling, family support groups, and referral for additional treatment if needed.

Mental health and social services include individual family and group counseling and support groups to address the problems of abuse, self-esteem, depression, and other emotional problems and conditions. Additional services available at various off-reservation Indian health programs include, primary and secondary prevention activities, i.e., diabetes, maternal and child health, women's health, men's health, nutrition education, counseling for prenatal care, chronic health conditions, social services, community health nursing, home health care, and other health promotion and disease prevention activities.

ACCOMPLISHMENTS

Some of the accomplishments of the urban Indian health program (UIHP) include: continued substantial programmatic involvement with the national urban Indian health organization through a cooperative agreement, continued participation in the IHS budget formulation process, participation in the reauthorization of the Indian Health Care Improvement Act (P.L. 94-437), facilitation of urban Indian health program board of director training, and planning for urban information technology and data collection.

The national urban Indian organization is the National Council of Urban Indian Health (NCUIH). The Council focuses on its' policy concerns and communications among the nation's urban Indian health programs.

The urban Indian health program was involved in and participated in the FY 2000 and FY 2001 budget formulation processes. The purpose is to formulate a budget that reflects the priorities of the Indian Health Service, Tribal health programs and urban Indian health programs.

The urban Indian health program provided board of director training to urban Indian health programs throughout the nation. The training addresses the roles and responsibilities of a board of directors, as well as its relationship to its executive directors. An outcome of the training is the development of a specific plan of action for each participating board of directors.

The urban Indian health program is continuing to refine its present stand-alone data collection system known as the Urban Common Reporting Requirements (UCRR). The Urban Indian Health program is supporting the continuing implementation of a project for improved processes that provide data to the IHS Data Center.

Performance Plan

The following performance indicators are included in the IHS FY 2002 Annual Performance Plan. These indicators are sentinel indicators representative of some of the more significant health problems affecting AI/AN. At this funding level, IHS would be able to achieve the following:

Indicator 16: By the end of FY 2001, at least 30 percent of the Urban Indian health care programs will have implemented mutually compatible automated information systems that capture health status and patient care data.

Following are the funding levels for the last 5 fiscal years:

Year	Funding	FTE	
1997	$24,768,000	9	
1998	$25,288,000	5	
1999	$26,382,000	4	
2000	$27,813,000	5	
2001	$29,843,000	5	Enacted

RATIONALE FOR BUDGET REQUEST

TOTAL REQUEST -- The request of $29,947,000 and 5 FTE is an increase of $104,000 over the FY 2001 enacted level of $29,843,000 and 5 FTE. The increase includes the following:

Built-in Increases - +$1,104,000

The request of $1,084,000 for inflation/tribal pay cost and $20,000 for Federal personnel related cost would fund the built-in increases associated with on-going operations. Included are the FY 2002 pay raise and within grade increases. These funds will be shared with Title I and Title III tribes, as well as Federal programs.

It is extremely critical that the IHS maintains the FY 2001 level of service for American Indians and Alaska Natives. The IHS patient population is disproportionately affected by chronic diseases such as diabetes and requires more access to health care than the general U.S. population. A continued support of current services is essential to ensure continuity of care.

Non-recurring Funds - -$1,000,000

The FY 2002 Budget includes a reduction of $1,000,000 for a non-recurring dental services activity.

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